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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						Application Number <i>10/781404</i>	Filing Date
						Applicant(s)	
						<i>6/22/04</i>	
						* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1	<i>1</i>		<i>1</i>				
2	<i>1</i>		<i>1</i>				
3	<i>1</i>		<i>1</i>				
4	<i>3</i>		<i>3</i>				
5	<i>1</i>	<i>3</i>	<i>2</i>	<i>3</i>			
6	<i>2</i>		<i>2</i>				
7	<i>2</i>		<i>2</i>				
8	<i>2</i>		<i>2</i>				
9	<i>3</i>		<i>3</i>				
10	<i>3</i>		<i>3</i>				
11	<i>3</i>		<i>3</i>				
12	<i>2</i>		<i>2</i>				
13	<i>2</i>		<i>2</i>				
14	<i>3</i>		<i>3</i>				
15	<i>3</i>		<i>3</i>				
16	<i>3</i>		<i>3</i>				
17	<i>2</i>		<i>2</i>				
18	<i>3</i>		<i>3</i>				
19	<i>3</i>		<i>3</i>				
20	<i>3</i>		<i>15</i>	<i>3</i>			
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Total Indep	<i>3</i>		<i>3</i>				
Total Depend	<i>50</i>		<i>50</i>				
Total Claims	<i>53</i>		<i>53</i>				

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